

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 8710
781

BIRTH NO. _____		REG. DIST. NO. <u>147</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give township) OR <u>KANSAS CITY</u> c. LENGTH OF STAY (in this place) <u>36 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY (If outside corporate limits, write RURAL and give township) OR <u>KANSAS CITY</u> d. STREET ADDRESS (If rural, give location) <u>1833 Jarboe Street</u> <u>230</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MYRTLE</u> b. (Middle) _____ c. (Last) <u>HAMILTON</u>		4. DATE OF DEATH (Month) <u>FEBRUARY</u> (Day) <u>15</u> (Year) <u>1950</u>		5. SEX <u>FEMALE</u> <u>3</u>		6. COLOR OR RACE <u>NEGRO</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 15 1909</u>		9. AGE (in years last birthday) <u>40</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. BIRTHPLACE (State or foreign country) <u>MEMPHIS, TENNESSEE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Loll SANDERS</u>		13b. MOTHER'S MAIDEN NAME <u>ROSIE Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>ROBERT HAMILTON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT HAMILTON</u> ADDRESS <u>1833 Jarboe</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC HYPERTROPHY & DILATATION (COR PULMONALE)</u> ANTECEDENT CAUSES <u>OLD HEALED RHEUMATIC HEART DISEASE WITH MITRAL AORTIC & TRICUSPID VALVULITIS</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>PULMONARY CONGESTION & EDEMA</u> Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH _____	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>1-3</u> , 19 <u>50</u> , to <u>2-15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-15</u> , 19 <u>50</u> , and that death occurred at <u>4:00 P</u> m., from the causes and on the date stated above.		23a. SIGNATURE <u>Frank E. [Signature]</u> (Degree or title) _____	
23b. ADDRESS <u>600 East 22nd Street</u>		23c. DATE SIGNED <u>2-16-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-20-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>		24d. LOCATION (City, town, or county) <u>Kansas City, Kansas</u> (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. J. W. Jones</u> ADDRESS <u>440 State Ave.</u>		DATE REC'D BY LOCAL REG. <u>2-20-50</u> REGISTRAR'S SIGNATURE <u>W. H. Holmes</u> (Licensed Embalmer's Statement on Reverse Side)	

(Licensed Embalmer's Statement on Reverse Side)

K. C. Kansas

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Eugene English

Licensed Embalmer No. 4105

P. O. Address 440 State Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.